

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011**Open to Public
Inspection****A** For the 2011 calendar year, or tax year beginning 09/01/11, and ending 08/31/12**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organizationUTAH EDUCATION ASSOCIATION -
POLITICAL ACTION COMMITTEE

Number and street (or P O box, if mail is not delivered to street address)

825 EAST 5180 SOUTH

City or town, state or country, and ZIP + 4

MURRAY

UT 84107

Room/suite

D Employer identification number

87-0317824

E Telephone number

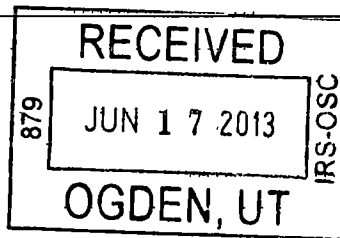
801-266-4461

F Group Exemption
Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) _____**I** Website: ► N/A**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☒ 527**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 80,024

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	61,943
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	17,923
5a	Gross amount from sale of assets other than inventory	5a	158
b	Less cost or other basis and sales expenses	5b	162
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-4
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	79,862
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	5,795
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	2,945
16	Other expenses (describe in Schedule O)	16	47,317
17	Total expenses. Add lines 10 through 16	17	56,057
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,805
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	146,751
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-154
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	170,402



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

DAA

P&P

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	146,751	22	170,402
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	146,751	25	170,402
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	146,751	27	170,402

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHARON GALLAGHER-FISHBAUGH 1530 E. 6400 S.	SALT LAKE CITY UT 84121	PRESIDENT 2.00	0	0
STEVE SEAMONS PO BOX 302	HYDE PARK UT 84318	BOARD 2.00	0	0
RYAN ANDERSON HC 64 BOX 2311	MOAB UT 84532	BOARD 2.00	0	0
JEFF ALEXANDER 790 W 800 S	PAYSON UT 84651	COUNCIL 2.00	0	0
VALERIE THURNELL 1067 S. 500 E. STE. A203	HEBER CITY UT 84032	COUNCIL 2.00	0	0
HOLLY SLADE 3375 W. 7800 S. APT 212	WEST JORDAN UT 84088	COUNCIL 2.00	0	0
THOMAS NEDREBERG PO BOX 291	EUREKA UT 84628	VICE PRESIDENT 2.00	0	0
CAREY IVORY 616 W. 100 N.	FOUNTAIN GREEN UT 84632	COUNCIL 2.00	0	0
ROBIN FRODGE P.O. BOX 682999	PARK CITY UT 84068	COUNCIL 2.00	0	0
MIKE WING 158 SILVER FOX CIRCLE	PROVIDENCE UT 84332	COUNCIL 2.00	0	0
JANALYN DUERSCH 281 7TH STREET	OGDEN UT 84404	COUNCIL 2.00	0	0
JUDY MAHOSKEY 6479 TRAVIS JAMES LANE	MURRAY UT 84107	COUNCIL 2.00	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter 39a		
a Initiation fees and capital contributions included on line 9 39b		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>NONE</u>		
42a The organization's books are in care of ▶ <u>BRENDA PETT</u> Telephone no ▶ <u>801-266-4461</u> 825 EAST 5180 SOUTH Located at ▶ <u>MURRAY</u> UT ZIP + 4 ▶ <u>84107</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 ▶ <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶

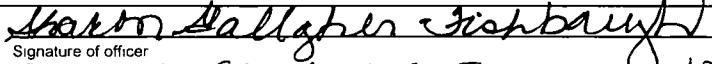
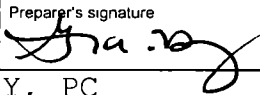
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here			6-11-13	
	Signature of officer SHARON GALLAGHER-FISHBAUGH / PRESIDENT		Date	
Paid Preparer Use Only	Print/Type preparer's name GERI DOUGLAS		Preparer's signature 	
	Firm's name ▶ LARSON & COMPANY, PC		Date 06/06/13	
	Firm's address ▶ 9065 SOUTH 1300 EAST SANDY, UT 84094		Check <input type="checkbox"/> if self-employed PTIN P00080310	
			Firm's EIN ▶ 87-0516083 Phone no 801-313-1900	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization	UTAH EDUCATION ASSOCIATION - POLITICAL ACTION COMMITTEE	Employer identification number 87-0317824
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FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
TRAVEL	\$ 7,158
POLITICAL CONTRIBUTIONS	\$ 17,586
CAPITOL CLUB	\$ 1,512
BANK CHARGES	\$ 273
POLITICAL EXPENSES	\$ 344
MISCELLANEOUS	\$ 524
UEA AGREEMENT	\$ 20,000
CANVAS	\$ 200
REIMBURSEMENT	\$ -280
TOTAL	\$ 47,317

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
AUDIT DIFFERENCES WITH DIVIDENDS	\$ 17
AUDIT DIFFERENCES WITH CAPITAL GAINS	\$ -171

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

RECEIVED DONATIONS FROM MEMBERS OF THE UTAH EDUCATION ASSOCIATION TO
SUPPORT THE CAMPAIGNS OF SELECTED LOCAL POLITICAL CANDIDATES.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

RECEIVED DONATIONS FROM MEMBERS OF THE UTAH EDUCATION ASSOCIATION TO

Name of the organization

UTAH EDUCATION ASSOCIATION -

Employer identification number

87-0317824

SUPPORT THE CAMPAIGNS OF SELECTED LOCAL POLITICAL CANDIDATES.